



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Commissioner for Patents,
Washington, D.C. 20231,
on

4/15/98

TOWNSEND and TOWNSEND and CREW

By

Kevin M. Culver

Attorney Docket No. 16994-003125US

COMPLETED

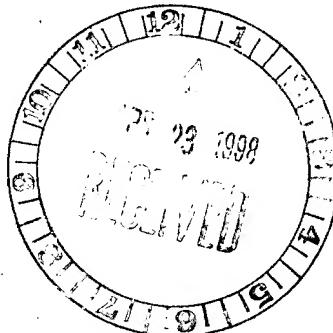
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
H. Deboer et al.) Examiner: J. Chambers
Application No.: 08/476,798) Art Unit: 1804
Filed: June 7, 1995)
For: PRODUCTION OF RECOMBINANT) REQUEST FOR RECONSIDERATION
POLYPEPTIDES BY BOVINE)
SPECIES AND TRANSGENIC)
METHODS)

)

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:



A refund of an extension fee paid June 11, 1997 was requested based on filing a small entity statement on July 21, 1997.

The refund was denied because the small entity statement was filed after paying the extension fee.

However, 37 CFR 1.28 provides a two-month period to request a refund. Here, the refund was requested within two months of

H. Deboer et al.

PATENT

Application No.: 08/476,798

Page 2

paying the extension fee. Thus, it is submitted that a refund is due.

Respectfully submitted,



Joe Liebeschuetz

Reg. No. 37,505

TOWNSEND and TOWNSEND and CREW
Two Embarcadero Center, 8th Floor
San Francisco, California 94105
Tel (650) 326-2400
Fax (650) 326-2422

JOL/dmv

I:\JOL\WORK\16994\031-2-5\REQ.REC

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	5/8/88	2 Serial/Patent #	08/476798	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
Filing			\$	
Amendment			\$	
Extension of Time	13.2+	4/11/87	\$ 930.00	
Notice of Appeal/Appeal			\$	
Petition			\$	
Issue			\$	
Cert of Correction/Terminal Disc.			\$	
Maintenance			\$	
Assignment			\$	
Other			\$	
COMPLETED		7 TOTAL AMOUNT OF REFUND	\$ 465.00	
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:		
9 No Fee Due (Explanation):		20--1430		
11 REFUND REQUESTED BY: D. Williams				
TYPED/PRINTED NAME:		TITLE:		
SIGNATURE:		PHONE:		
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED:		DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B